

|  |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |
|--|--|---|-------------------------------|---|--|---|---------------------|----------------------|---------------------|---|--|--|----|
| Police Use Only  |  |   | Commonwealth of Massachusetts |   |  |   | RMV Document Number |                      |                     |   |  |  |    |
| Date of Crash<br>03/31/2022  |  | Time of Crash<br>11:38<br>24HR              |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report    |                     | Number Vehicles<br>1 | Number Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |    |
| AT INTERSECTION:   |  |   |                               | < LOCATION >  |  | NOT AT INTERSECTION:                    |                     |                      |                     |   |  | 9  |    |
| Route# Direction Name of Roadway/Street<br>At<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with<br>Route# Direction Name of Intersecting Roadway/Street   |  |   |                               | EAST 2095   |  | COMMONWEALTH AVE                        |                     |                      |                     |   |  | 2  |    |
|  |  |   |                               | Route# Direction Address #  |  | Name of Roadway/Street                  |                     |                      |                     |   |  | 10   |    |
|  |  |   |                               | Feet N S E W of   |  | Mile Marker Exit Number                 |                     |                      |                     |   |  | 11   |    |
|  |  |   |                               | Feet N S E W of   |  | Route# Intersecting Roadway/Street      |                     |                      |                     |   |  | 3  |    |
|  |  |   |                               | Feet N S E W of   |  | Landmark                                |                     |                      |                     |   |  |  |    |
| <input checked="" type="checkbox"/> Vehicle 1 #Occupants   |  | <input checked="" type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped  |  | Case Number 22000262                    |                     |                      |                     |   |  |  |    |
| License # --- St MA DOB/Age ---  |  |   |                               | Reg # 8RD447  |  | Reg Type PAS                            |                     | Reg State MA         |                     |   |  |  |    |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment   |  |   |                               | Veh Year 2015   |  | Veh Make MERZ                           |                     | Veh Config. 1 20     |                     |   |  |  |    |
| Operator SCOTT CAROLINE  |  |   |                               | Owner (Same as operator)  |  |   |                     |                      |                     |   |  |  | 12 |
| Address 17 FOSTER ST (apt. 2)  |  |   |                               | Address   |  |   |                     |                      |                     |   |  |  |    |
| City SALEM State MA Zip 01970  |  |   |                               | City  |  | State                                   |                     | Zip                  |                     |   |  |  |    |
| Insurance Company AMERICAN FAMILY CONNECT PROP & CASUALT   |  |   |                               | Vehicle Action Prior to Crash 11 21   |  | Damaged Area Code: (Circle Up to Three) |                     |                      |                     |   |  |  |    |
| Vehicle Travel Direction: N S X W Responding to Emergency? N   |  |   |                               | Event Sequence 1 22 22 22 22  |  | 2 3 4                                   |                     | 10 Undercarriage     |                     |   |  |  |    |
| Citation # (If Issued)   |  |   |                               | Most Harmful Event 1 23   |  | 0 9                                     |                     | 5 11 Totaled         |                     |   |  |  |    |
| Violation 1: Ch Sec Violation 2: Ch Sec  |  |   |                               | Driver Contributing Code 1 24 24  |  | 8 7 6                                   |                     |                      |                     |   |  |  |    |
| Violation 3: Ch Sec Violation 4: Ch Sec  |  |   |                               | Underride/Override 25 Towed N   |  |   |                     |                      |                     |   |  |  |    |
| Please fill out for operator and all occupants involved  |  |   |                               | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code |  |   |                     |                      |                     |   |  |  | 13 |
| Name (Last First Middle) Address   |  |   |                               | Age/DOB Sex   |  |   |                     |                      |                     |   |  |  | 2  |
| Operator See Above   |  |   |                               | -----   |  | ---                                     |                     | 1 4 99 0 0 10 1      |                     |   |  |  |    |
|  |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |
|  |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |
|  |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |
| Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |
| License # --- St DOB/Age ---   |  |   |                               | Reg #   |  | Reg Type                                |                     | Reg State            |                     |   |  |  |    |
| Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment   |  |   |                               | Veh Year  |  | Veh Make                                |                     | Veh Config. 20       |                     |   |  |  |    |
| Operator   |  |   |                               | Owner   |  |   |                     |                      |                     |   |  |  |    |
| Address  |  |   |                               | Address   |  |   |                     |                      |                     |   |  |  |    |
| City State Zip   |  |   |                               | City  |  | State                                   |                     | Zip                  |                     |   |  |  |    |
| Insurance Company  |  |   |                               | Vehicle Action Prior to Crash 21  |  | Damaged Area Code: (Circle Up to Three) |                     |                      |                     |   |  |  |    |
| Vehicle Travel Direction: N S E W Responding to Emergency?   |  |   |                               | Event Sequence 22 22 22 22  |  | 2 3 4                                   |                     | 10 Undercarriage     |                     |   |  |  |    |
| Citation # (If Issued)   |  |   |                               | Most Harmful Event 23   |  | 1 9                                     |                     | 5 11 Totaled         |                     |   |  |  |    |
| Violation 1: Ch Sec Violation 2: Ch Sec  |  |   |                               | Driver Contributing Code 24 24  |  | 8 7 6                                   |                     |                      |                     |   |  |  |    |
| Violation 3: Ch Sec Violation 4: Ch Sec  |  |   |                               | Underride/Override 25 Towed   |  |   |                     |                      |                     |   |  |  |    |
| Please fill out for operator and all occupants involved  |  |   |                               | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code |  |   |                     |                      |                     |   |  |  |    |
| Name (Last First Middle) Address   |  |   |                               | Age/DOB Sex   |  |   |                     |                      |                     |   |  |  |    |
| Operator/Non-Motorist See Above  |  |   |                               | -----   |  | ---                                     |                     |                      |                     |   |  |  |    |
|  |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |
|  |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |
|  |  |   |                               |   |  |   |                     |                      |                     |   |  |  |    |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian  
 ie: → 1    → 2    →

### Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

### Crash Narrative:

OPERATOR OF MV 1 STATED SHE PARKED HER CAR IN THE STARBUCKS PARKING LOT AND WHILE SHE ENTERED THE STORE TO PICK UP HER COFFEE, AND UNKNOWN MV STRUCK HER FRONT RIGHT BUMPER CAUSING DAMAGE. THERE WERE NO WITNESSES TO THE CRASH AND THE CAMERAS INSIDE STARBUCKS DON'T SHOW WHERE THE ACCIDENT OCCURRED.

### Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
|                            |         |         |           |
|                            |         |         |           |

### Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
|                             |         |         |         |                                 |
|                             |         |         |         |                                 |

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

MATTHEW W COLELLA

NEWTON POLICE DEPT

03/31/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date